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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214514558 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Fairfax Law Foundation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ARTHUR L MOSHOS 10521 JUDICIAL DR STE 200 FAIRFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: 02282093</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4110 CHAIN BRIDGE ROAD #216</p> <p style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22030-5160</p> | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ALBERT M BONIN TITLE: PRESIDENT ADDRESS: 4000 LEGATO ROAD STE 400 CITY/ST/ZIP/CO: FAIRFAX, VA 22033 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: ALBERT M BONIN TITLE: PRESIDENT ADDRESS: 4000 LEGATO ROAD STE 400 CITY/ST/ZIP/CO: FAIRFAX, VA 22033 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LUIS A PEREZ TITLE: IMM PAST PRES ADDRESS: 5881 LEESBURG PIKE STE B2 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: LUIS A PEREZ TITLE: IMM PAST PRES ADDRESS: 5881 LEESBURG PIKE STE B2 CITY/ST/ZIP/CO: FALLS CHURCH, VA 22041 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURIE L DOLSON TITLE: SECRETARY ADDRESS: 10513 JUDICIAL DRIVE SUITE 101 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: LAURIE L DOLSON TITLE: SECRETARY ADDRESS: 10513 JUDICIAL DRIVE SUITE 101 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAURIE L DOLSON TITLE: SECRETARY ADDRESS: 10513 JUDICIAL DRIVE SUITE 101 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID J GOGAL TITLE: DIRECTOR ADDRESS: 4010 UNIVERSITY DR #300 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: DAVID J GOGAL TITLE: DIRECTOR ADDRESS: 4010 UNIVERSITY DR #300 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DAVID J GOGAL TITLE: DIRECTOR ADDRESS: 4010 UNIVERSITY DR #300 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KATHLEEN O'BRIEN TITLE: DIRECTOR ADDRESS: 1960 GALLOWS ROAD STE 230 CITY/ST/ZIP/CO: VIENNA, VA 22182 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: KATHLEEN O'BRIEN TITLE: DIRECTOR ADDRESS: 1960 GALLOWS ROAD STE 230 CITY/ST/ZIP/CO: VIENNA, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KATHLEEN O'BRIEN TITLE: DIRECTOR ADDRESS: 1960 GALLOWS ROAD STE 230 CITY/ST/ZIP/CO: VIENNA, VA 22182 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SHARON D. NELSON TITLE: PRES ELECT ADDRESS: 3975 UNIVERSITY DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: SHARON D. NELSON TITLE: PRES ELECT ADDRESS: 3975 UNIVERSITY DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: SHARON D. NELSON TITLE: PRES ELECT ADDRESS: 3975 UNIVERSITY DRIVE SUITE 225 CITY/ST/ZIP/CO: FAIRFAX, VA 22030 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |

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|-----------------|--------------------------------------|---|--|
| NAME: | CHRISTIE A. LEARY | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 10476 ARMSTRONG STREET | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22030 | | |
| NAME: | DAVID P. BOBZIEN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 12000 GOVERNMENT CENTER PARKWAY | | |
| CITY/ST/ZIP/CO: | SUITE 549 FAIRFAX, VA 22035 | | |
| NAME: | WILLIAM P. DALY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1900 GALLOWS ROAD | | |
| CITY/ST/ZIP/CO: | SUITE 700 TYSONS CORNER, VA 22182 | | |
| NAME: | JONATHAN D. FRIEDEN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1775 WIEHLE DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 400 RESTON, VA 20190 | | |
| NAME: | JULIE C. GEROCK | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8221 OLD COURTHOUSE ROAD | | |
| CITY/ST/ZIP/CO: | SUITE 101 VIENNA, VA 22182 | | |
| NAME: | DAVID L. GINSBERG | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10201 FAIRFAX BOULEVARD | | |
| CITY/ST/ZIP/CO: | SUITE 520 FAIRFAX, VA 22030 | | |
| NAME: | JEAN K. HUMBRECHT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2601 PARK CENTER DRIVE | | |
| CITY/ST/ZIP/CO: | #C807 ALEXANDRIA, VA 22302 | | |
| NAME: | JOSHUA B. ISAACS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8045 LEESBURG PIKE | | |
| CITY/ST/ZIP/CO: | SUITE 540 VIENNA, VA 22182 | | |
| NAME: | W. BRUCE JENNINGS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 3980 PICKETT ROAD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22031 | | |
| NAME: | JOHN C. MCGRANAHAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1751 PINNACLE DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 1700 MCLEAN, VA 22102 | | |

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|---|--------------------------------------|----------------------------------|--|
| NAME: | JAY B. MYERSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 11860 SUNRISE VALLEY DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 100 RESTON, VA 20191 | | |
| NAME: | WILLIAM B. REICHHARDT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4020 UNIVERSITY DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 222 FAIRFAX, VA 22030 | | |
| NAME: | WILLIAM L. SCHMIDT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4103 CHAIN BRIDGE ROAD | | |
| CITY/ST/ZIP/CO: | SUITE 400 FAIRFAX, VA 22030 | | |
| NAME: | GERARD M. STEGMAIER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1700 K STREET, NW | | |
| CITY/ST/ZIP/CO: | 5TH FLOOR WASHINGTON, DC 20006 | | |
| NAME: | RICHARD C. SULLIVAN, JR. | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 3110 FAIRVIEW PARK DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 1400 FALLS CHURCH, VA 22042 | | |
| NAME: | WAYNE G. TRAVELL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8270 GREENSBORO DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 700 TYSONS CORNER, VA 22102 | | |
| NAME: | EDWARD L. WEINER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10605 JUDICIAL DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE B-6 FAIRFAX, VA 22030 | | |
| NAME: | RYAN M. WITKOWSKI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 8444 WESTPARK DRIVE | | |
| CITY/ST/ZIP/CO: | SUITE 500 MCLEAN, VA 22102 | | |
| NAME: | JAMES C. WYCKOFF, JR | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 10305 WOOD ROAD | | |
| CITY/ST/ZIP/CO: | FAIRFAX, VA 22030 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ ALBERT M BONIN | ALBERT M BONIN, PRESIDENT | 3/19/2014 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.